



Medication Administration In-Service and Evaluation

Name of Facility/Home: Ossineke

Employee Receiving In-Service: Heather Cadieux - DSP

Date of 1st In-Service*: 7/22/21 Time: 11:00 am / pm Trainer: M Scholz
*This is done by a regional nurse

Date of 2nd In-Service: 7/22/21 Time: 1:00 am / pm Trainer: M Scholz

Date of 3rd In-Service: 7/22/21 Time: 2:00 am / pm Trainer: M Scholz

Date of 4th In-Service: / / Time: : am / pm Trainer:

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 7/25/21 Time: 8:00 am / pm Trainer: [Signature]

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1	Medication Area							✓	
	a. Location of ample supplies prior to administration	✓	✓	✗				✓	
	b. Area is clean and organized	✓	✓	✗				✓	
	c. Area is always locked	✓	✓	✗				✓	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	✓	✓	✗				✓	
2	DMA washes hands prior to administering medications and between each Resident	✓	✓	✗				✗	
3	Medication keys are retained by DMA	✓	✗	✗				✗	
4	Resident is identified per facility policy and procedure prior	✓	✓	✗				✗	
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	✓	✓	✗				✓	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	✓	✗	✗				✓	
	b. If Apical Pulse is required, privacy is provided	✗	✗	✗				✗	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	✓	✗	✗				✓	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR	✗	✗	✗				✓	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	✗	✗	✗				✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure							
	X	X	X				X	
	d. Observe Resident to ensure medication is swallowed							
	X	X	X				X	
	e. Offer adequate and appropriate fluid with medication							
	X	X	X				X	
	f. Medication record is signed immediately after administration of same							
X	X	X				X		
g. Controlled substance record is signed immediately after administration of same								
X	X	X				X		
h. Correct dose is administered								
X	X	X				X		
i. Medication is administered at correct time								
X	X	X				X		
j. Verify no additional MAR pages have been added								
X	X	X				X		
7	Infection control technique is reviewed							
X	X	X				X		
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							
	N/A	N/A	N/A				N/A	
	a. Resident is properly positioned, at a 45° sitting angle							
	↓	↓	↓				↓	
b. Tube is checked for placement and patency								
↓	↓	↓				↓		
c. Tube is flushed before, between and after medications are administered								
↓	↓	↓				↓		
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure							
	X	X	X				X	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping							
X	X	X				X		
b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results								
X	X	X				X		
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.							
X	X	X				X		
11	DMA administers eye and ear medication according to facility policies and procedures							
X	X	X				X		
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							
X	X	X				X		
13	Medication administration should not interrupted. DO NOT RUSH							
X	X	X				X		
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							
X	X	X				X		
15	Residents' rights are observed							
X	X	X				X		
16	Location, Procedures and Documenting for administering PRN							
X	X	X				X		
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)							
X	X	X				X		
18	Medications are administered within time frame per facility policy							
X	X	X				X		



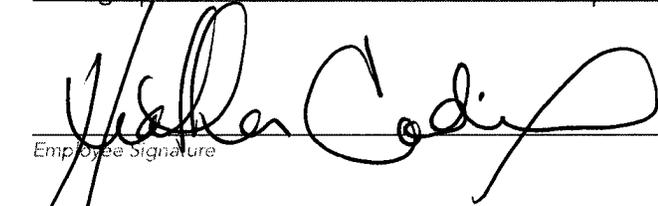
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In-Service #		1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes	X	X	X				X	
20	Medication area is cleaned and locked after completion of medication administration	X	X	X				X	
21	Designated Medication Administrator can identify action and common side effects of medications administered	X	X	X				X	
22	Approved Abbreviations List is reviewed	X	X	X				X	
23	Seizure precautions and documentation	X	X	X				X	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer	X	X	X				X	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	X	X	X				X	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	X	X	X				X	

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.


Employee Signature

7/25/21
Date


Home Manager Signature

7/25/21
Date